FY21 Retiree Health Insurance Premiums																		1
July 1, 2020 to June 30, 2021																		
•																		
		Total Prem.	20+ yrs	19 yrs	18 yrs	17 yrs	16 yrs.	15 yrs	14 yrs	13 yrs	12 yrs	11 yrs	10 yrs	9 yrs	8 yrs	7 yrs	6 yrs	5 yrs
Carrier	Level of Coverage	100.00%	33.30%	37%	42%	46%	50%	55%	59%	63%	67%	71%	75%	78%	81%	84%	87%	90%
CareFirst BlueChoice Advantage	Individual	\$911.03	\$303.65	\$337.08	\$382.63	\$419.07	\$455.52	\$501.07	\$537.51	\$573.95	\$610.39	\$646.83	\$683.27	\$710.60	\$737.93	\$765.27	\$792.60	\$819.93
w/Rx and CF Vision	Retiree + Child	\$1,582.80	\$527.55	\$585.64	\$664.78	\$728.09	\$791.40	\$870.54	\$933.85	\$997.16	\$1,060.48	\$1,123.79	\$1,187.10	\$1,234.58	\$1,282.07	\$1,329.55	\$1,377.04	\$1,424.52
	Retiree + Spouse	\$1,895.80	\$631.87	\$701.45	\$796.24	\$872.07	\$947.90	\$1,042.69	\$1,118.52	\$1,194.35	\$1,270.19	\$1,346.02			\$1,535.60	\$1,592.47	\$1,649.35	\$1,706.22
	Family	\$2,228.63	\$742.80	\$824.59	\$936.02	\$1,025.17	\$1,114.32	\$1,225.75	\$1,314.89	\$1,404.04	\$1,493.18	\$1,582.33	\$1,671.47	\$1,738.33	\$1,805.19	\$1,872.05	\$1,938.91	\$2,005.77
Constitut Standard Over St. w/Du and St. Vinian	In all dates at	\$702.10	\$234.01	\$259.78	\$294.88	\$322.97	\$351.05	\$386.16	\$414.24	\$442.32	\$470.41	\$498.49	\$526.58	\$547.64	\$568.70	\$589.76	\$610.83	\$631.89
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$702.10	\$234.01	\$259.78	\$294.88	\$322.97	\$351.05	\$386.16	\$414.24	\$442.32	\$470.41	\$498.49	\$526.58	\$547.64	\$568.70	\$589.76	\$610.83	\$631.89
CareFirst BlueChoice HMO Open Access	Individual	\$621.62	\$207.19	\$230.00	\$261.08	\$285.95	\$310.81	\$341.89	\$366.76	\$391.62	\$416,49	\$441.35	\$466.22	\$484.86	\$503.51	\$522.16	\$540.81	\$559.46
w/RX and CF Vision	Retiree + Child	\$1,181,08	\$393.65	\$437.00	\$496.05	\$543.30	\$590.54	\$649.59	\$696.84	\$744.08	\$791.32	\$838.57	\$885.81	\$921.24	\$956.67	\$992.11	\$1.027.54	\$1.062.97
	Retiree + Spouse	\$1,429.73	\$476.53	\$529.00	\$600.49	\$657.68	\$714.87	\$786.35	\$843.54	\$900.73	\$957.92	\$1,015.11	\$1.072.30		\$1.158.08		\$1,243.87	\$1,286.76
	Family	\$1,832.97	\$610.93	\$678.20	\$769.85	\$843.17		\$1,008.13			\$1,228.09	\$1,301.41		\$1,429.72				\$1,649.67
	1 cirmly	Ψ1,002.07	ψ010.50	ψ070.20	ψ/ 05.00	φ040.17	ψ510.45	ψ1,000.10	ψ1,001.40	ψ1,104.77	Ψ1,220.00	ψ1,001.41	ψ1,07 <del>1</del> .70	Ψ1,423.72	ψ1,+0+.71	ψ1,000.00	ψ1,004.00	ψ1,043.07
CareFirst BlueChoice HMO Open Access	Individual	\$600.98	\$200.31	\$222.36	\$252.41	\$276.45	\$300.49	\$330.54	\$354.58	\$378.62	\$402.66	\$426.70	\$450.74	\$468.76	\$486.79	\$504.82	\$522.85	\$540.88
w/RX - Over 65 and CF Vision																		
CareFirst PPO Dental	Individual	\$44.91	\$14.97	\$16.62	\$18.86	\$20.66	\$22.46	\$24.70	\$26.50	\$28.29	\$30.09	\$31.89	\$33.68	\$35.03	\$36.38	\$37.72	\$39.07	\$40.42
	Retiree + Child	\$68.59	\$22.86	\$25.38	\$28.81	\$31.55	\$34.30	\$37.72	\$40.47	\$43.21	\$45.96	\$48.70	\$51.44	\$53.50	\$55.56	\$57.62	\$59.67	\$61.73
	Retiree + Spouse	\$103.03	\$34.34	\$38.12	\$43.27	\$47.39	\$51.52	\$56.67	\$60.79	\$64.91	\$69.03	\$73.15	\$77.27	\$80.36	\$83.45	\$86.55	\$89.64	\$92.73
	Family	\$134.76	\$44.92	\$49.86	\$56.60	\$61.99	\$67.38	\$74.12	\$79.51	\$84.90	\$90.29	\$95.68	\$101.07	\$105.11	\$109.16	\$113.20	\$117.24	\$121.28
CareFirst PPO Dental - Over 65	Individual	\$42.98	\$14.33	\$15.90	\$18.05	\$19.77	\$21.49	\$23.64	\$25.36	\$27.08	\$28.80	\$30.52	\$32.24	\$33.52	\$34.81	\$36.10	\$37.39	\$38.68
Delte Destel	Individual	\$37.74	\$12.58	\$13.96	\$15.85	\$17.36	\$18.87	\$20.76	\$22.27	\$23.78	\$25,29	\$26.80	\$28.31	\$29.44	\$30.57	\$31.70	\$32.83	\$33.97
Delta Dental	Retiree + Child	\$37.74 \$59.96	\$12.58 \$19.98	\$13.96	\$25.18	\$17.36	\$29.98	\$20.76	\$35.38	\$23.78	\$25.29 \$40.17	\$42.57	\$44.97	\$46.77	\$48.57	\$50.37	\$32.83 \$52.17	\$33.97 \$53.96
	Retiree + Child Retiree + Spouse	\$88.98	\$19.98	\$22.19	\$37.37	\$40.93	\$44.49	\$32.98 \$48.94	\$35.38 \$52.50	\$56.06	\$59.62	\$63.18	\$66.74	\$69.40	\$72.07	\$74.74	\$77.41	\$80.08
	Family	\$115.59	\$38.53	\$42.77	\$48.55	\$53.17	\$57.80	\$63.57	\$68.20	\$72.82	\$77.45	\$82.07	\$86.69	\$90.16	\$93.63	\$97.10	\$100.56	\$104.03
	ranniy	\$115.59	<b></b>	\$42.77	φ40.33	φοσ.17	φ37.60	φ03.37	\$66.20	φ12.0Z	\$17.45	φο2.07	\$00.09	ф90.1 <b>6</b>	φ93.03	\$97.10	\$100.56	\$104.03
Delta Dental - Over 65	Individual	\$36.11	\$12.04	\$13.36	\$15.17	\$16.61	\$18.06	\$19.86	\$21.30	\$22.75	\$24.19	\$25.64	\$27.08	\$28.17	\$29.25	\$30.33	\$31.42	\$32.50
CF Bluevision Plus																		
(only applicable to those grandfathered retirees	Individual	\$3.95	\$1.32	\$1.46	\$1.66	\$1.82	\$1.98	\$2.17	\$2.33	\$2.49	\$2.65	\$2.80	\$2.96	\$3.08	\$3.20	\$3.32	\$3.44	\$3.56
with ONLY Dental)	Retiree + Child	\$7.50	\$2.50	\$2.78	\$3.15	\$3.45	\$3.75	\$4.13	\$4.43	\$4.73	\$5.03	\$5.33	\$5.63	\$5.85	\$6.08	\$6.30	\$6.53	\$6.75
	Retiree + Spouse	\$9.07	\$3.02	\$3.36	\$3.81	\$4.17	\$4.54	\$4.99	\$5.35	\$5.71	\$6.08	\$6.44	\$6.80	\$7.07	\$7.35	\$7.62	\$7.89	\$8.16
	Family	\$11.83	\$3.94	\$4.38	\$4.97	\$5.44	\$5.92	\$6.51	\$6.98	\$7.45	\$7.93	\$8.40	\$8.87	\$9.23	\$9.58	\$9.94	\$10.29	\$10.65